

FILED MAY 15 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

15591

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 97

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1324 Henry
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT
FULL NAMEGeorge P. Seymour3. (b) If veteran,
name war ☒3. (c) Social Security
No. ☒4. Sex Male ☒ 5. Color or
race White6. (a) Single, widowed, married,
divorced Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased Oct 23rd 1859
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
84 5 28 hr. min.9. Birthplace _____
(City, town, or county) (State or foreign country) Mo10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name no data13. Birthplace _____
(City, town, or county) (State or foreign country) 9

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country) 916. (a) Informant John Seymour(b) Address Moberly, Mo17. (a) Burial (b) Date thereof Apr. 23-1944
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Riggs, Mo18. (a) Signature of funeral director William Anderson(b) Address Moberly, Mo19. (a) 4-23-44 (b) Anna Hall
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 1324 Henry
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st
year 1944 hour 6 minute A M.21. I hereby certify that I attended the deceased from
apr. 18/44 to apr. 21/44
that I last saw him alive on apr. 21/44
and that death occurred on the date and hour stated above.
Immediate cause of death Myocarditis - mth

Due to _____

Due to _____

Other conditions art. Hypertension - mth
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy 93el

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature Dr. E. H. Hall (M. D. or other)Address Moberly, Mo Date signed 4/23/44

RECEIVED

District Health Officer No. 10

District File Number 5-44-1009

Date Filed MAY 12 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address.....

Moberly Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.